

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) USPA-0030
<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>		
In re Application of : Murphy, Joy Viren		
Application Number: 10,667,716	Filed: 09/22/2003	
For: Portable Travel Grip		
Art Unit: 3632	Examiner: Anita M. King	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small entity are as follows (check time period desired):

<input checked="" type="checkbox"/> xx	One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(1))	10/12/2005 TL0111 \$0000044-10667716
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(1))	01 FC:2251 \$ _____ 60.00 QP
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$60.00</u> .	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input checked="" type="checkbox"/> xx	Payment by credit card. Form P-2038 is attached.	
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.	

I have enclosed a duplicate copy of this sheet.

I am the

<input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)	
<input checked="" type="checkbox"/> x	attorney or agent of record.
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a)

Registration number if acting under 37 CFR 1.34(a) #50,644

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

October 11, 2005

Date

563-441-0207

Telephone Number

Signature

Jay R. Hamilton

Typed or printed name

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

1  Total of 1 forms are submitted.